

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 02/09/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: RECEIVER ASSEMBLY FOR FIREARM  
Attorney Docket Number:: 006163.00004  
Request for Early Publication?:: YES  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 14  
Small Entity?:: NO  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: James  
Middle Name::  
Family Name:: Finn  
Name Suffix::  
City of Residence:: Alpha  
State or Province of Residence:: Illinois  
Country of Residence:: USA  
Street of mailing address:: 619 North 1<sup>st</sup> Street  
  
City of mailing address:: Alpha  
State or Province of mailing address:: Illinois  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 61413

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**Primary Citizenship Country::**

**Status::** Full Capacity

**Given Name::**

**Middle Name::**

**Family Name::**

**Name Suffix::**

**City of Residence::**

**State or Province of Residence::**

**Country of Residence::**

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing address::**

**Country of mailing address::**

**Postal or Zip Code of mailing address::**

## **Correspondence Information**

**Correspondence Customer Number::** 22908

## **Representative Information**

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## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>


## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: Rock River Arms, Inc.

Street of mailing address:: 101 Noble Street

City of mailing address:: Cleveland

State or Province of mailing address:: Illinois

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 61241